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CONFIRMATION NO. 6473

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|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/561,599   | <b>FILING OR 371(c) DATE</b><br>12/20/2005<br><b>RULE</b>   | <b>CLASS</b><br>318                | <b>GROUP ART UNIT</b><br>2837   | <b>ATTORNEY DOCKET NO.</b><br>17089/005001 |
| <b>APPLICANTS</b><br>Stephan Schachtl, Munich, GERMANY;<br>Ralf Reczko, Solingen, GERMANY;<br>Matthias Martin, Dachau, GERMANY;<br>Dietmar Bellenbaum, Vaihingen/Enz, GERMANY;<br>Thomas Vogler, Abstatt, GERMANY;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/51356 07/05/2004  |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 31 633.7 07/12/2003  |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/03/2006</b>   |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>21                  |
|  |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>1             |
| <b>ADDRESS</b><br>22511  |   |                                    |   |  |
| <b>TITLE</b><br>Drive for automatic operating of a vehicle door  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>950  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |